

NATIONAL Assessment Centre Services

Part 1 Jan 05

MMA119043430

Date In: 3/4/19 16:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA12219005921164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLU 5846R	I-Motor Claim Form		
D.O.A: 3/4/19 13:25	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKA 8627 D.

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Hotline: 6788 6616)

Date and Time of completion:

Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

NA1902423

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

Invoice Itemization Checklist	Amount (\$)	Remarks
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FP: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (over 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idas DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
• N5: Courtesy Car / Tpt Allowance	\$3	
• N6: Repair Co-ordination	\$10	
• N7: Post Repair Inspection	\$25	
• N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idas Mobile	\$0	
Invoice dated	Fax Charged	
Invoice dated	Fax Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	03/04/2019 16:35
Date Of Accident	03/04/2019 13:25
Exact Location Of Accident	UBI RD 2 SLIP RD INTO AIRPORT RD(KPE/ECP)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU5846R
Insured/Policyholder	
Name Of Registered Owner	CHEN GUANYUAN HENRY
NRIC No	S8533554E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88688867
Alternative Phone No	OFFICE-88688867
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	101539
Driver	
Name of Driver	ANDI TAY XIANG JIE
NRIC No	S8937493F
Date Of Birth	18/10/1989
Occupation	INDOOR
Date Of Driving Pass	16/07/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88688867
Fax Number	
Contact Number	
EMail Address	ANDITAY29@GMAIL.COM

Address	1 GUAN SOON AVE
Postcode	489572
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG UBI RD 2 AT THE SLIP RD TURNING TO AIRPORT RD (KPE/ECP), I STOP AT THE SLIP RD TO CHECK ON THE MAIN ROAD TRAFFIC. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKA8627D) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA8627D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Airport Rd (KPE/ECP)

Ubi Rd 2

A = SLU 5846 R
B = SKA 8627 D.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8937493F**

Name: **ANDI TAY XIANG JIE**

Birth Date: **18 Oct 1989**

Issue Date: **16 Jul 2013**

1002202864D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8937493F**

Name: **ANDI TAY XIANG JIE**

郑 向 捷

Race: **CHINESE**

Date of birth: **18-10-1989**

Country/Place of birth: **SINGAPORE**

Sex: **M**







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg **16 Jul 2013**

NP 428A

Licence No: S8937493F



5266811

NRIC No. **S8937493F**

Date of issue: **11-02-2014**

1 GUAN SOON AVENUE
SINGAPORE 489572

NRIC No: S8937493F Date: 24/07/2015




INDIA INTERNATIONAL INSURANCE PTE LTD
(INCORPORATED IN SINGAPORE) CO. REG. NO.: 198703792K
 64 CECIL STREET #04/05 IOB BUILDING SINGAPORE 049711
 TEL: 6347 6100 FAX: 6224 4174 • 6225 7743
 POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

ORIGINAL

Motor Dept: 5th Level

This cover note is valid for
 Singapore Registered Vehicles only.

Cover Note No. 101539

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover note not valid if issued on or after _____

Date: 10 JAN 20 19

CHEN GUANYUAN HENRY

..... having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of **COMPREHENSIVE** Policy applicable thereto for the period from 0001 a.m./p.m. ... 29 JAN 2019 ... to midnight on 28 JAN 2020 unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk and provided that an insurance covering the aforesaid liability has not been effected with other authorised insurers.

SCHEDULE

Make and Type of Body	Year of Manufacturer	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/ Diesel Eng.
TOYOTA VELLFIRE 3.5Z MPV	2014	3456cc	MARKET VALUE	Private Car	
				Commercial Vehicle	Registration No.
	Engine No: 2GRJ9994016			SLU	
	Chassis No: GGH208092879			5846 R	
Use PRIVATE		Authorised Driver THE INSURED ANDI TAY XIANG JIE			Excess \$1750 SECT I

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Hire Purchase:

Approved Insurers
 for INDIA INTERNATIONAL INSURANCE PTE LTD



Authorised Signatory

IMPORTANT NOTE:
 Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible.